

**INTERVIEWER: BEFORE STARTING INTERVIEW PLEASE ENTER AVAILABLE AIS DATA IN QUESTION E1.**

## **FDPIR Participant Survey**

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**INTERVIEWER READ:** “Hello, my name is [name of interviewer] from NORC at the University of Chicago. [IF IN PERSON - SHOW NORC ID CARD.] I am (calling/here) about the Study of the Food Distribution Program on Indian Reservations. Have you by any chance received our letter? It tells about the study and also mentions you will receive (cash/gift card).

**IF YES:** Do you have any questions about the survey? May I tell you more about the survey?

**IF NO: IN PERSON:** Here is a copy of the letter and some information about the project. Should I leave the materials and come back or call at a later time or could I answer any questions you may have at this time?

**IF NO: TELEPHONE:** I can read the letter to you and also send you another copy and some additional materials in the mail.

### **INFORMED CONSENT**

As you may have learned from the [ADVANCE LETTER SENT/MATERIALS SHARED/TRIBAL LETTER/COMMUNITY PRESENTATION HELD], this survey is being done to help understand the food needs of American Indian and Alaska Native families. It is sponsored by the Department of Agriculture, Food and Nutrition Service.

Your participation is very important to the success of this survey. This survey is voluntary, which means that you don't have to take the survey if you don't want to, and you can decide not to answer any specific questions. You also may end the interview at any point. You will receive a [CASH GIFT/ GIFT CARD/VOUCHER] as a thank you for taking the survey. The interview will take about 45 minutes.

The information you provide will be confidential, and will not be shared with anyone except for research staff working on the study. This includes anything that can identify you such as your name, address, or telephone number. Everyone who works on this survey has signed a legal document stating they will not reveal any of your personal information and can be severely penalized if they do. A report will be shared with the tribe/native village at a later date. It will summarize the findings, without giving names or other information that would identify you or the tribe/native village.

The survey will ask you about the members of your household, (FDPIR/name of program) contribution to your food supply, the distribution and delivery of the FDPIR food packages, your food access and costs, any nutrition and health related services available, switching between SNAP and FDPIR and your satisfaction with the FDPIR program.

The information you provide will be helpful to improve food services in your community and other communities in Indian Country.

If you have questions about your rights as a survey participant, please call the IRB Human Subjects Protection hotline, toll-free, at (866) 309-0542. You may also email [insert name here][@norc.org](mailto:norc@norc.uchicago.edu) or visit [www.norc.org](http://www.norc.org).

**INFORMED CONSENT FOR USE OF PROXY**

**Step 1.** *If respondent declines to participate in the interview but requests that another person responds to the questions on his/her behalf:* <sup>1</sup>

**For in-person interview:**

I have chosen not to participate in the interview but would like [name of person] to answer the survey questions for me.

*Request signature if the interview is conducted in person:*

Respondent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**For telephone interview:**

You stated that "I have chosen not to participate in the interview but would like [name of person] to answer the survey questions for me." Is this correct?

- ☐ IF YES, I will note your agreement and obtain informed consent from [name of person].

Respondent Name: \_\_\_\_\_

- ☐ IF NO, Thank you for your time. [Terminate interview.]

Date and time permission obtained:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM/PM (circle)

**Step 2.** *To consent the person who will respond on the respondents' behalf:*

[Name of respondent's] has declined to participate in the interview and requests that you answer questions about [his/her] FDPIR participation. Would you be able to answer questions on his/her behalf?

- ☐ IF YES, I will need to request your informed consent to answer the survey questions.
- ☐ IF NO, Thank you for your time. [Terminate interview.]

As you may have learned from the [ADVANCE LETTER SENT/MATERIALS SHARED/TRIBAL LETTER/COMMUNITY PRESENTATION HELD], this survey is conducted to help understand the food

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<sup>1</sup> We anticipate that there will be instances where an elder wishes that another person (e.g., adult child, grandchild) speaks on his/her behalf about participation in the program.

needs of American Indian and Alaska Native families. It is sponsored by the Department of Agriculture, Food and Nutrition Service.

Your participation is very important to the success of this survey. This survey is voluntary, which means that you don't have to participate and you can decide not to answer any specific questions. You also may end the interview at any point. *You* will receive a [CASH GIFT/ GIFT CARD/VOUCHER] as a token of appreciation for participating in the survey. The interview will take about 45 minutes.

The information you provide will be confidential, and will not be shared with anyone except for research staff working on the study. This includes anything that can identify you such as the [respondent's] name, address, or telephone number. Everyone who works on this survey has signed a legal document stating they will not reveal any of his/her personal information and can be severely penalized if they do. A report will be shared with the tribe/native village at a later date. It will summarize the findings, without giving names or other information that would identify him/her or the tribe/native village.

The survey will ask about the members of [his/her] household, (FDPIR/name of program) contribution to [his/her] food supply, the distribution and delivery of the FDPIR food packages, [his/her] food access and costs, any nutrition and health related services available, switching between SNAP and FDPIR and [his/her] satisfaction with the FDPIR program.

The information you provide on [respondent's name behalf] will be helpful to improve food services in [his/her] community and other communities in Indian Country.

If you have questions about your rights as a survey participant, please call the IRB Human Subjects Protection hotline, toll-free, at (866) 309-0542. You may also email [@norc.org](mailto:@norc.org) or visit [www.norc.org](http://www.norc.org).

- ☐ IF YES, Let's begin. [Certain tribes may require written consent]

Date and time permission obtained:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM/PM (circle)

Name of Proxy: \_\_\_\_\_

Signature of Proxy \_\_\_\_\_

- ☐ IF NO, ASK:

Are there any questions I can answer for you?

\_\_\_\_\_  
\_\_\_\_\_

When is a good time to do the interview?

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM/PM (circle)

**USE OF PROXY**

(Name of Respondent) has given permission for you to act as a proxy for him/her and answer questions for the Food Distribution Program on Indian Reservations. The interview will take approximately 45 minutes). Remember you are answering the questions for (name of respondent) and not as you would answer them for yourself. I will remind you of that again during the interview. Do you have any questions? Is now a good time to start?

- ☐ IF YES, Let's begin. [Certain tribes may require written consent]

Date and time permission obtained:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM/PM (circle)

Name of Proxy: \_\_\_\_\_

Signature of Proxy \_\_\_\_\_

- ☐ IF NO, ASK:

Are there any questions I can answer for you?

\_\_\_\_\_  
\_\_\_\_\_

When is a good time to do the interview?

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM/PM (circle)

**PERMISSION TO BEGIN INTERVIEW**

Do I have your permission to begin the interview?

- ☐ IF YES, Let's begin. [Certain tribes may require written consent]

Date and time informed consent obtained:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM/PM (circle)

Informed consent obtained by \_\_\_\_\_

Name of Field Interviewer

- ☐ IF NO, ASK:

Are there any questions I can answer for you?

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When is a good time to come back?

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM/PM (circle)

What is the reason you prefer not doing the interview?

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**USE OF TRANSLATOR**

(Name of Respondent) has given permission for you to act as a proxy for him/her and answer questions for the Food Distribution Program on Indian Reservations. The interview will take approximately 45 minutes). Remember you are answering the questions for (name of respondent) and not as you would answer them for yourself. I will remind you of that again during the interview. Do you have any questions? Is now a good time to start?

- ☐ IF YES, Let's begin. [Certain tribes may require written consent]

Date and time permission obtained:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM/PM (circle)

Name of Proxy: \_\_\_\_\_

Signature of Proxy \_\_\_\_\_

- ☐ IF NO, ASK:

Are there any questions I can answer for you?

\_\_\_\_\_  
\_\_\_\_\_

When is a good time to do the interview?

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM/PM (circle)

Time began: \_\_:\_\_\_\_

**HOUSEHOLD ENUMERATION**

INTERVIEWERS: COMPLETE THE HOUSEHOLD ROSTER ON THE NEXT PAGE BY ASKING EACH OF THE QUESTIONS LISTED BELOW FOR EACH SECTION.

<b>1</b>	<p>Please tell me the names of all persons who live in your household starting with you – the FDPIR applicant. Just tell me their first names. Let's start with you.</p> <p>...Do you have a spouse living in the household?</p> <p>...any children?</p> <p>...any grandchildren?</p> <p>...any relatives?</p> <p>...anyone that is not related to you?</p> <p>...anyone else that you have not mentioned?</p> <p>I have listed...(read names from grid)...Have I missed-</p> <p>...any babies or small children?</p> <p>...anyone who usually lives with you but is away now traveling, at school, or in the hospital?</p> <p>...any lodgers, boarders, or persons you employ who live with you?</p> <p>...anyone who is part of the household but is away on full-time active duty with the Armed Forces?</p> <p>...anyone else staying with you?</p> <p>IF RESPONDENT SAYS 'YES' TO ANY OF THE CATEGORIES ADD THAT PERSON(S) TO THE LIST ON THE GRID.</p>
<b>2</b>	Now we would like to ask how each person is related to you. Let's start with (name of first person), how is he/she related to you?
<b>3</b>	ASK OR VERIFY GENDER OF EACH PERSON LISTED.
<b>4</b>	How old were (you/person) on your/his/her last birthday?
<b>5</b>	FOR EACH PERSON 18 YEARS AND OLDER ASK: What is (your/person's) marital status. Is he/she married, never married, separated, widowed or divorced?
<b>6</b>	FOR EACH PERSON ASK: What is the highest year of education (you/person) has completed?
<b>7</b>	FOR EACH PERSON ASK: Are you/person currently a student?
<b>8</b>	FOR EACH PERSON OVER 18: Are you/person currently employed? IF YES: Are you/person (READ CATEGORIES ON CHART) CODE EMPLOYMENT STATUS FOR EACH PERSON. IF WORKING: How many hours per week do you/does person work?
<b>9</b>	Does anyone in the household receive Social Security, SSI, LIHEAP, TANF or unemployment benefits? IF YES: Who and what do they receive?
<b>10</b>	Does anyone in the household have access to the internet? IF YES: Who?
<b>11</b>	Does anyone in the household own or lease a vehicle? IF YES: Who?

## HOUSEHOLD ENUMERATION

Person #	1. NAMES OF HOUSEHOLD MEMBERS	2. REL TO APPLICANT	3. GENDER	4. AGE	5. MARITAL STATUS	6. EDUCATION	7.. Student ENTER Yes/v	8. EMPLOYMENT STATUS	8a. Hours per Week	9. Other Benefits	10. IINTERNET ACCESS	11. OWN/LEASE VEHICLE
01		SELF										
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
	a. Spouse B. Partner c. Son/Daughter d. Step-child e. Foster child f. Mother g. Step mother h. Foster mother i. Father j. Step-father k. Foster father	l. Brother/sister m. Grandparent n. Uncle/aunt o. Cousin p. Nephew/niece q. Father-in-law r. Mother-in-law s. Bro/sis-in-law t. Other-in-law u. Other non-relative		Married (M) Never married (NM) Separated (S) Divorced (D) Widowed (W)	a. Less than high school b. Some high school, no diploma c. High school diploma d. Technical school e. Trade apprentice f. Some college, no diploma g. Collage degree h. Graduate or professional studies after collage i. Graduate degree j. Don't know k. 9. Refused	a. Not working b. Working full time c. Working part time d. In school e. Cannot work – disabled f. Job training g. TANF approved work activity h. Something else (SPECIFY)		a. SS b. LIHEAP c. TANF d. Unemp. e. SSI	YES/v	YES/v		



## Section A: Participant and Household Characteristics

The first section of the interview will help us better understand the characteristics of FDPIR participants and their households. We'll begin by talking about where you live, what kind of resources you have in your home for preparing and storing food and who prepares food.

A1	<p>First, do you live within or off the reservation/ pueblo/ Rancheria/ Alaska native village/ tribal service area?</p> <p><b>SOURCE:</b> Household Survey, Assessment of Native American, Alaska Native, and Native Hawaiian Housing Needs (NAHSG) (HUD/PD&amp;R) [Objective 1.9]</p>	<input type="checkbox"/> On/Within <input type="checkbox"/> Off
A2	<p>Which of the following equipment or methods of food storage and preparations do you use in your home . . .</p> <ul style="list-style-type: none"> <li>• Gas/electric stove</li> <li>• Gas/electric oven</li> <li>• Wood stove</li> <li>• Microwave</li> <li>• Hotplate</li> <li>• Open fire</li> <li>• Refrigerator</li> <li>• Freezer</li> <li>• Root cellar</li> <li>• Ice house</li> <li>• Food canning</li> <li>• Food drying/dehydrator</li> <li>• Other....(SPECIFY)</li> </ul> <p><b>SOURCE:</b> Bell-Sheetter 2004, Food Sovereignty Assessment Tool [Objective 1.10]</p>	<input type="checkbox"/> Gas/Electric stove <input type="checkbox"/> Gas/electric oven <input type="checkbox"/> Wood stove <input type="checkbox"/> Microwave <input type="checkbox"/> Hotplate <input type="checkbox"/> Open fire <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Root cellar <input type="checkbox"/> Ice house <input type="checkbox"/> Food canning <input type="checkbox"/> Food drying/dehydrator <input type="checkbox"/> Other SPECIFY): _____
A3	<p>Who in your household has the major responsibility for preparing meals?</p> <p>(REFER TO HOUSEHOLD ENUMERATION, COLUMN 1, FOR PERSON #)</p> <p>Does (name of person) feel adequately prepared to cook the food provided by FDPIR?</p> <p><b>SOURCE:</b> Project-developed question and response set.</p>	<p>Person # ____</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
A4	<p>What is your main source of water for preparing meals? Is it...</p> <ul style="list-style-type: none"> <li>• Public or private water system</li> <li>• Individual well</li> <li>• Spring</li> <li>• Cistern</li> <li>• Stream or lake</li> <li>• Commercial bottled water</li> <li>• Other (SPECIFY)?</li> </ul>	<input type="checkbox"/> Public or private water system (includes city water) <input type="checkbox"/> Individual well <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Stream or lake <input type="checkbox"/> Commercial bottled water <input type="checkbox"/> Other (SPECIFY): _____

<p><b>A5.</b></p>	<p>Now I'd like to ask you some questions about the kinds of health care services and insurance coverage used by members of your household. Do you or your family receive any medical services on the reservation/pueblo/Rancheria/Alaska native village/tribal service area?</p> <p><b>IF YES:</b> What are the sources of these services? (HAND SHOWCARD X TO RESPONDENT) <b>MARK ALL THAT APPLY</b></p> <p><b>SOURCE:</b> Project-developed question. Response categories based on content analysis of Indian Health Service regions and tribally-managed health services. [Objective 1.4]</p>	<div> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Don't Know  <input type="checkbox"/> Refused         </div> <div> <input type="checkbox"/> Tribal or IHS Health Center or Clinic  <input type="checkbox"/> Urban Indian Health Center  <input type="checkbox"/> Tribally-managed or IHS Hospital  <input type="checkbox"/> Tribal or IHS Mobile Clinic or Lab (van)  <input type="checkbox"/> Home visits (by a physician or visiting nurse)  <input type="checkbox"/> Traditional Healers  <input type="checkbox"/> Community Health Representative  <input type="checkbox"/> Wellness Center  <input type="checkbox"/> Emergency Medical Services  <input type="checkbox"/> Tele-health services  <input checked="" type="checkbox"/> County/Local Health Center  <input type="checkbox"/> County/Local Hospital  <input type="checkbox"/> Managed Care Organization  <input type="checkbox"/> Private doctor's office  <input type="checkbox"/> Local Public Health Department  <input type="checkbox"/> Other (SPECIFY):         </div>
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<b>A6</b>	<p>The next questions are about the types of health care plans and what sources are available for medical care. Is anyone in the household covered by health insurance or some other kind of health care plan?</p> <p><b>IF YES, ASK ABOUT EACH PERSON IN HOUSEHOLD.</b></p> <p>Is anyone covered by:</p> <ol style="list-style-type: none"> <li>1. Private Health Insurance</li> <li>2. Medicare</li> <li>3. Medicaid</li> <li>4. Military Health Care (TRICARE, VA, and others)</li> <li>5. State Sponsored Health Plan</li> <li>6. Other Government Program</li> <li>7. Single Service (E.G., dental, vision, prescriptions)</li> <li>8. No coverage of any type</li> <li>9. SCHIP – State Children’s Health Insurance Program</li> <li>10. Other (SPECIFY):</li> <li>11. DON’T KNOW</li> <li>12. REFUSED</li> </ol> <p><b>SOURCE:</b> NHANES HEALTH INSURANCE QUESTIONNAIRE (HIQ) [Objective 1.4]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused  1. <input type="checkbox"/> Yes <input type="checkbox"/> No 2. <input type="checkbox"/> Yes <input type="checkbox"/> No 3. <input type="checkbox"/> Yes <input type="checkbox"/> No 4. <input type="checkbox"/> Yes <input type="checkbox"/> No 5. <input type="checkbox"/> Yes <input type="checkbox"/> No 6. <input type="checkbox"/> Yes <input type="checkbox"/> No 7. <input type="checkbox"/> Yes <input type="checkbox"/> No 8. <input type="checkbox"/> Yes <input type="checkbox"/> No 9. <input type="checkbox"/> Yes <input type="checkbox"/> No 10. <input type="checkbox"/> Yes <input type="checkbox"/> No 11. <input type="checkbox"/> DON’T KNOW 12. <input type="checkbox"/> REFUSED
<b>A7</b>	<p>I’m going to read you a list of common health problems. Does anyone in your household currently have any of the following health problems?</p> <p>INTERVIEWER: IF ‘YES’ TO ANY CATEGORY (A8a THROUGH A8j) ASK QUESTION AND ENTER # IN SPACE PROVIDED :</p> <p>How many household members experience (name of category)?</p> <p><b>A7a.</b> High blood pressure .....</p> <p><b>A7b.</b> Diabetes (sugar) .....</p> <p><b>A7c.</b> Overweight/obesity .....</p> <p><b>A7d.</b> Heart disease .....</p>	<input type="checkbox"/> Yes    #: ____ <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused  <input type="checkbox"/> Yes    #: ____ <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused  <input type="checkbox"/> Yes    #: ____ <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused  <input type="checkbox"/> Yes    #: ____ <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused

	<p><b>A7e.</b> Cancer .....</p> <p><b>A7f.</b> Underweight .....</p> <p><b>A7g.</b> Liver disease .....</p> <p><b>A7h.</b> Gastro-intestinal problems (e.g., Irritable Bowel Syndrome, ulcers, lactose intolerance, diarrhea) .....</p> <p><b>A7i.</b> Vitamin or mineral deficiencies or anemia .....</p> <p><b>A7j.</b> Other (SPECIFY).....</p> <p>SOURCE: Based on Usher et al, 1990. [Objective 1.11]</p>	<p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>
<p><b>A8</b></p>	<p>Are there food items you or anyone in your household cannot or should not eat? These could include foods that cause food allergies, and foods needed for special diets and the like.</p> <p><b>A8a) IF YES</b> - What are they? (CODE ALL THAT APPLY) FOR EACH RESPONSE ASK: How many persons in your household have this restriction?</p> <p>SOURCE: Project-developed question and response set. [Objective 1.11]</p>	<p><input type="checkbox"/> Yes (<b>ASK A8a</b>)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Low salt #: ____</p> <p><input type="checkbox"/> Low sugar #: ____</p> <p><input type="checkbox"/> Low fat #: ____</p> <p><input type="checkbox"/> Lactose intolerant #: ____</p> <p><input type="checkbox"/> Gluten intolerant #: ____</p> <p><input type="checkbox"/> High protein #: ____</p> <p><input type="checkbox"/> Food allergies #: ____</p> <p><input type="checkbox"/> Other (SPECIFY): _____ #: ____</p>

A9	<p>Now we're going to change topics and talk about your housing and utility expenses. Can you tell me whether you are buying your home, own your home, renting, live rent-free or have some other arrangement?</p> <p><b>SOURCE:</b> Usher et al, 1990 FDPIR Survey [Objective 1.9]</p>	<input type="checkbox"/> Own home <input type="checkbox"/> Renting <input type="checkbox"/> Other (SPECIFY): _____
A10	<p>HAND SHOWCARD X TO RESPONDENT</p> <p>Now I would like to ask about your rent or mortgage payments. Do <u>not</u> include utilities. Please look at this card and show me the amount you pay for your rent or mortgage each month. You can just give me the letter if you prefer.</p> <p><b>SOURCE:</b> Project-developed question and response set. [Objective 1.9]</p>	<p>A. Less than \$100          B. \$100 to \$199          C. \$200 to \$249          D. \$250 to \$299          E. \$300 to \$349          F. \$350 to \$399          G. \$400 to \$449          H. \$450 to \$499          I. \$500 to \$599          J. \$600 to \$699          K. \$700 to \$799          L. \$800 to \$999          M. \$1,000 to \$1,249          N. \$1,250 to \$1,499          O. \$1,500 to \$1,999          P. \$1,500 to \$1,999          Q. \$2,500 or more          R. No cash paid for rent/mortgage          S. Don't know          T. Refused</p>
A11	<p>Now I would like to ask you about the amount you pay for utilities each month. Please think about the total amount you pay for gas, electricity, water, trash collection and telephone. Look at this card and tell me how much you pay for utilities.</p> <p>What utilities/services are included in that amount?</p>	<p>A. Less than \$100          B. \$100 to \$199          C. \$200 to \$249          D. \$250 to \$299          E. \$300 to \$349          F. \$350 to \$399          G. \$400 to \$449          H. \$450 to \$499</p> <p><input type="checkbox"/> Gas  <input type="checkbox"/> Electricity  <input type="checkbox"/> Water  <input type="checkbox"/> Trash collection  <input type="checkbox"/> Telephone  <input type="checkbox"/> Other (SPECIFY) _____</p>

## Section B: FDPIR Contribution to Food Supply

These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need.

<b>B1</b>	<p>I am going to read you two statements and would like to know if during the past 12 months, that would be from (month/year), if these were often true for your household, sometimes true, or never true for your household.</p> <p><b>B1a.</b> The first statement is, “The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more.” Was that <u>often</u>, <u>sometimes</u> or <u>never</u> true for (you/your household) in the last 12 months?</p> <p><b>B1b.</b> “(I/we) couldn’t afford to eat balanced, nutritious meals.” Was that <u>often</u>, <u>sometimes</u> or <u>never</u> true for (you/your household) in the last 12 months?</p> <p><b>B1c.</b> In the last 12 months, since last (CURRENT MONTH), did (you/you or other adults your household) ever cut the size of your meals or skip meals because there wasn’t enough money for food?</p> <p><b>B1c1. IF YES ABOVE, ASK</b> How often did this happen – almost every month, some months but not every month, or in only 1 or 2 months?</p> <p><b>B1d.</b> In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money for food?</p> <p><b>B1e.</b> In the last 12 months, were you/other adults in your household ever hungry but didn’t eat because there wasn’t enough money for food?</p> <p><b>SOURCE (B1a-e):</b> US Household Food Security Survey Module: Six-Item Short Form[HH3, HH4, AD1, AD1a, AD2, AD3]</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Often true</li> <li><input type="checkbox"/> Sometimes true</li> <li><input type="checkbox"/> Never true</li> <li><input type="checkbox"/> Don’t Know</li> <li><input type="checkbox"/> Refused</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Often true</li> <li><input type="checkbox"/> Sometimes true</li> <li><input type="checkbox"/> Never true</li> <li><input type="checkbox"/> Don’t Know</li> <li><input type="checkbox"/> Refused</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No <b>(SKIP TO B1c1)</b></li> <li><input type="checkbox"/> Don’t Know <b>(SKIP TO B1c1)</b></li> <li><input type="checkbox"/> Refused</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Almost every month</li> <li><input type="checkbox"/> Some months but not every month</li> <li><input type="checkbox"/> Only 1 or 2 months</li> <li><input type="checkbox"/> Don’t Know</li> <li><input type="checkbox"/> Refused</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don’t Know</li> <li><input type="checkbox"/> Refused</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don’t Know</li> <li><input type="checkbox"/> Refused</li> </ul>
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<b>B2</b>	<p>How did you learn about FDPIR? (RECORD VERBATIM and CODE ANSWER)</p> <p>_____</p> <p>_____</p> <p><b>SOURCE:</b> Project-developed question and response set. [Objective 5.1]</p>	<p><input type="checkbox"/> Prior receipt of FDPIR foods by household</p> <p><input type="checkbox"/> Word of mouth (family, friend)</p> <p><input type="checkbox"/> Referral from tribal social service program (SPECIFY): _____</p> <p><input type="checkbox"/> Tribal newsletter or brochure</p> <p><input type="checkbox"/> Outreach by FDPIR staff (SPECIFY): _____</p> <p><input type="checkbox"/> Referral from county social services</p> <p><input type="checkbox"/> Other (SPECIFY): _____</p>
<b>B3</b>	<p>Is FDPIR the only or primary source of food for this household?</p> <p><b>B3a.</b> Thinking of the other sources of food for this household, what percentage comes from:</p> <p>(READ CATEGORIES BELOW AND HAND RESPONDENT SHOWCARD X).</p> <ul style="list-style-type: none"> <li>• FDPIR</li> <li>• Other food programs to include, for example, National School Lunch Program, WIC, Meals on Wheels</li> <li>• Extended family or tribal community</li> <li>• Grocery/supermarket/convenience store</li> <li>• Traditional/native food sources (hunting, fishing, berry picking, ricing, gardening, farming)</li> <li>• Food pantries or food banks</li> <li>• Take-out or convenience stores</li> <li>• Other (SPECIFY)</li> </ul> <p>INTERVIEWER: INDICATE THE PERCENTAGES OF EACH. THE TOTAL SHOULD ADD UP TO NEAR 100%.</p> <p><b>SOURCE:</b> Project-developed question and response set. [Objective 2.1, 2.3]</p>	<p><input type="checkbox"/> Yes only source of food (<b>SKIP TO SECTION C</b>)</p> <p><input type="checkbox"/> No there are other sources (<b>ASK B3a</b>)</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p>_____ % FDPIR</p> <p>_____ % Other Food programs</p> <p>_____ % Extended family or tribal community</p> <p>_____ % Grocery/ supermarket/ convenience store</p> <p>_____ % Traditional/native food sources</p> <p>_____ % Food pantries/food banks</p> <p>_____ % Take-out</p> <p>_____ % Other (SPECIFY): _____</p>

<b>B4</b>	<p>Is anyone in your household receiving benefits from or participating in food programs other than FDPIR? Examples would include (READ CATEGORIES BELOW AND HAND RESPONDENT SHOWCARD X).</p> <ul style="list-style-type: none"> <li>• Head Start (CACFP)</li> <li>• School Breakfast Program</li> <li>• National School Lunch Program</li> <li>• Child and Adult Care Food Program</li> <li>• Summer Feeding Program or the Summer Food Service Program</li> <li>• Elderly Meals/Feeding Programs</li> <li>• Local Food Banks or Pantries</li> <li>• Tribal Emergency Funds</li> <li>• Meals on Wheels</li> <li>• Other state, county, local programs, other tribal programs</li> <li>• WIC Farmers' Market Nutrition Program</li> <li>• Seniors Farmers' Market Nutrition Program</li> <li>• Soup Kitchens</li> <li>• Any others</li> </ul> <p><b>B4a. IF YES:</b> Which ones?</p> <p><b>SOURCE:</b> National Survey of WIC Participants and Their Local Agencies, Section E Household Income and Food Spending with some project developed items. [Objective 2.2]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused  <input type="checkbox"/> Head Start (CACFP) <input type="checkbox"/> School Breakfast Program <input type="checkbox"/> National School Lunch Program <input type="checkbox"/> Child and Adult Care Food Program <input type="checkbox"/> Summer Feeding Program or the Summer Food Service Program <input type="checkbox"/> Elderly Meals/ Feeding Programs <input type="checkbox"/> Local Food Banks or Pantries <input type="checkbox"/> Tribal Emergency Funds <input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Other state, county, local programs, other tribal programs <input type="checkbox"/> WIC Farmers' Market Nutrition Program <input type="checkbox"/> Seniors Farmers' Market Nutrition Program <input type="checkbox"/> Soup Kitchens <input type="checkbox"/> Other programs(SPECIFY): _____
<b>B5</b>	<p>Has anyone in your household referred to other food programs by the FDPIR staff? Examples would include (READ CATEGORIES BELOW AND HAND RESPONDENT SHOWCARD X).</p> <p><b>B5a. IF YES:</b> Which programs?</p>	<input type="checkbox"/> Yes ( <b>ASK B5a</b> ) <input type="checkbox"/> No ( <b>SKIP TO B6</b> ) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused  <input type="checkbox"/> Head Start (CACFP) <input type="checkbox"/> School Breakfast Program <input type="checkbox"/> National School Lunch Program <input type="checkbox"/> Child and Adult Care Food Program <input type="checkbox"/> Summer Feeding Program or the Summer Food Service Program <input type="checkbox"/> Elderly Meals/ Feeding Programs <input type="checkbox"/> Local Food Banks or Pantries <input type="checkbox"/> Tribal Emergency Funds <input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Other state, county, local programs, other tribal programs <input type="checkbox"/> WIC Farmers' Market Nutrition Program <input type="checkbox"/> Seniors Farmers' Market Nutrition Program <input type="checkbox"/> Soup Kitchens <input type="checkbox"/> Other programs(SPECIFY): _____



<b>B6</b>	<p>I am going to ask you about the sources of meals for your household. By meals I mean breakfast, lunch and dinner. During the past month did you or anyone in your household get any meals that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines? Do not include meals prepared by extended family or in a community setting.</p> <p><b>B6a. IF YES:</b> About how often did the household eat meals prepared by such places as restaurants, fast food places, food stands, grocery stores, or from vending machines? Would you say none, some, about half, or most?</p> <p><b>SOURCE:</b> National Health and Nutrition Examination Survey (NHANES) [Objective 2.1]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused  <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> About half <input type="checkbox"/> Most
<b>B7</b>	<p>During the past month did you or anyone in your household get any meals that were prepared by extended family or prepared by a community group?</p> <p><b>B7A. IF YES:</b> How often did the household eat meals prepared by extended family or prepared by a community group? Would you say none, some, about half or most meals?</p> <p><b>SOURCE:</b> Project-developed question and response set. [Objective 2.1]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused  <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> About half <input type="checkbox"/> Most

## Section C: Access to FDPIR - Distribution and Delivery

The next set of questions covers access to the Food Distribution Program in terms of the distance and time it takes to travel to sites for enrollment, certification, and picking up the food package. There are also a few questions on the time spent and distances traveled for other sources of food.

<b>C1</b>	<p>When you applied for the FDPIR program approximately how many miles did you have to travel to the certification site?</p> <p style="margin-left: 40px;"><b>C1a.</b> About how long did it take to get there?</p> <p style="margin-left: 40px;"><b>C1b.</b> What kind of transportation did you use? Was it your own car or truck, someone else drove you, you walked, took public transportation, taxi or some other way?</p> <p style="margin-top: 20px;"><b>SOURCE:</b> Project-developed question and response set. [Objective 1.7]</p>	<p>____ Miles</p> <p>____ HRS    ____ MINS</p> <p>1. Own car or truck 2. Someone else drove SPECIFY: _____</p> <p>3. Walked 4. Public transportation 5. Taxi 6. Some other way SPECIFY: _____</p>
<b>C2</b>	<p><b>INTERVIEWER: IF THE ANSWER TO C2 IS AVAILABLE PLEASE FILL IN BEFORE INTERVIEW AND DO NOT ASK THIS QUESTION.</b></p> <p>What is your current period of certification? Are you required to recertify every 1-2 months, every 3-5 months, every 6-11 months or more than a year?</p> <p style="margin-top: 10px;"><b>SOURCE:</b> Project-developed question and response set. [Objective 1.2]</p>	<p><input type="checkbox"/> 1-2 months  <input type="checkbox"/> 3-5 months  <input type="checkbox"/> 6-11 months  <input type="checkbox"/> Year or more  <input type="checkbox"/> Other (SPECIFY)  <input type="checkbox"/> Don't know</p>
<b>C3</b>	<p>Different places offer several options for getting/picking up the food package. These options include pickup at FDPIR site, FDPIR store/nutrition centers, different warehouse location, tailgate location, and home delivery. Which option do you usually use when getting your food package?</p> <p style="margin-top: 20px;"><b>C3a.</b> Are you satisfied with this method?</p> <p style="margin-top: 10px;"><b>IF NO:</b> What would you prefer? (RECORD VERBATIM and CODE ANSWER)</p> <p>_____</p> <p>_____</p> <p style="margin-top: 20px;"><b>SOURCE:</b> Project-developed question and response set. [Objective 9.1]</p>	<p><input type="checkbox"/> FDPIR Site  <input type="checkbox"/> FDPIR Store/Nutrition Center  <input type="checkbox"/> Different Warehouse location  <input type="checkbox"/> Tailgate Location  <input type="checkbox"/> Home Delivery (<b>SKIP TO D1</b>)  <input type="checkbox"/> Other (SPECIFY): _____</p> <p>_____  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Don't Know  <input type="checkbox"/> Refused</p>

C4	<p>Thinking about <b>picking up your food packages</b>, approximately how many miles do you have to travel to pick up the food packages?</p> <p><b>C4a.</b> About how long does it usually take to get there?</p> <p><b>C4b.</b> What kind of transportation do you usually use? Is it your own car or truck, someone else drove you, you walked, took public transportation, taxi or some other way?</p> <p><b>SOURCE:</b> Project-developed question and response set. [Objective 1.7]</p>	<p>___ Miles</p> <p>___ HRS    ___ MINS</p> <p>1. Own car or truck 2. Someone else drove SPECIFY: _____ 3. Walked 4. Public transportation 5. Taxi 6. Some other way SPECIFY: _____</p>
C5	<p>Do you have an authorized representative pick up your food packages?</p> <p><b>C5a. IF YES: Approximately</b> how many miles does the representative travel to pick up the food packages?</p> <p><b>C5b.</b> About how long does it usually take your representative to get there?</p> <p><b>C5c.</b> What kind of transportation does he/she use? Is it their own car or truck, they walked, took public transportation, taxi or some other means of transportation?</p> <p><b>SOURCE:</b> Project-developed question and response set. [Objective 1.7]</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>___ Miles</p> <p>___ HRS    ___ MINS</p> <p>1. Own car or truck 2. Someone else drove SPECIFY: _____ 3. Walked 4. Public transportation 5. Taxi 6. Some other way SPECIFY: _____</p>
C6	<p>Does traveling to the FDPIR site present any challenges or problems for you? [Objective 4.4]</p> <p><b>C6a. IF YES, please describe why this is challenging (SPECIFY).</b></p> <hr/> <hr/> <p><b>C6b.</b> Is home delivery an option that is offered by the FDPIR program?</p> <p><b>SOURCE:</b> Project-developed question and response set. [Objective 1.7]</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (<b>SKIP TO C7</b>) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>

## Section D: Food Access and Cost – Non-subsidized Sources

We are also interested in finding out how easy or hard it is to obtain food in your area and about food costs.

<b>D1</b>	<p>We are also interested in the distance of <u>other</u> food outlets/suppliers/sources than FDPIR from your home. Approximately how many miles is the nearest (CATEGORY) and what is the travel time to get there?</p> <p><b>D1a.</b> Nearest food retail store that sells fresh produce .....</p> <p><b>D1b.</b> Nearest grocery store.....</p> <p><b>D1c.</b> Nearest convenience store.....</p> <p><b>D1c.</b> Nearest farmers market.....</p> <p><b>D1d.</b> Nearest warehouse store or department store such as Target.....</p> <p><b>D1e.</b> Nearest Wal-Mart that sells groceries.....</p>	<p>_____ Miles _____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>_____ Miles _____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>_____ Miles _____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>_____ Miles _____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>_____ Miles _____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>_____ Miles _____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
<b>D2</b>	<p>Thinking about the past year, that would be from about &lt;MONTH/YEAR&gt;, have there been any changes in your access to food sources. Examples of changes could be opening or closing of supermarkets, changes in food programs and the like.</p> <p><b>D2a.</b> IF YES: What are these changes? (RECORD VERBATIM)</p> <hr/> <hr/> <p><b>SOURCE:</b> Project-developed question and response set.</p>	<p><input type="checkbox"/> Yes (<b>ASK D2a</b>)  <input type="checkbox"/> No (<b>SKIP TO D3</b>)  <input type="checkbox"/> Don't Know  <input type="checkbox"/> Refused</p>

<p><b>D3</b></p>	<p>On <b>average</b>, what does your household spend each month on food (including food consumed at home and food consumed outside the home)?</p>  <p><b>D3a.</b> Are there seasons when your household spends considerably <u>less</u> on food expenses?</p>  <p><b>D3b.</b> Which seasons?</p> <p><b>D3c.</b> Why is that? RECORD VERBATIM:</p> <hr/> <hr/> <p><b>D3d.</b> Are there seasons when you household spends considerable <u>more</u> on food expenses? (IF NO, SKIP TO SECTION E)</p>  <p><b>D3e.</b> Which seasons?</p> <p><b>D3f.</b> Why is that? RECORD VERBATIM</p> <p><b>SOURCE:</b> Project-developed question and response set.</p>	<p>\$_____</p>  <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (<b>SKIP TO D4</b>)</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>  <p>SEASON: _____</p> <p>SEASON: _____</p>  <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No (<b>SKIP TO SECTION E</b>)</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>  <p>SEASON: _____</p> <p>SEASON: _____</p>
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## Section E: Participation in FDPIR and SNAP/Food Stamps

The next few questions will be about whether your household has also participated in SNAP/Food Stamp program as well as FDP, if you have ever switched between the two programs, and your reasons for doing so.

**E1** **INTERVIEWER:** IF AVAILABLE ENTER THE MONTHS OF PARTICIPATION INFORMATION FROM AIS IN THE CHART BELOW.

**IF ALL MONTHS ARE FILLED IN FOR FDPIR/SNAP:** SKIP TO QE5.

**IF THERE ARE MONTHS WHERE THERE ARE GAPS IN PARTICIPATION FOR FDPIR/SNAP:** SKIP TO QE2.

**IF AIS INFORMATION IS NOT AVAILABLE:** CONTINUE BELOW.

**INTERVIEWER:** ON THE FIRST LINE UNDER MONTH IN THE CHART BELOW ENTER THE NEXT MONTH FROM THE INTERVIEW. (IF YOU ARE CONDUCTING THE INTERVIEW IN MARCH – ENTER APRIL). CONTINUE TO FILL IN THE MONTHS. THE LAST MONTH ENTERED WILL BE THE CURRENT MONTH. THEN ENTER THE YEAR THAT CORRESPONDS TO EACH MONTH TO SHOW THE LAST YEAR UP UNTIL THE INTERVIEW. HAND R SHOWCARD X.

ALL MONTH LINES NEED TO HAVE AN ENTRY IN ONE OF THE LAST THREE COLUMNS.

**E1a.** Thinking of the past year, that would be from <MONTH/YEAR>until now, what months did you participate in a food program? Let's start with <MONTH/YEAR>. During this month were you participating in SNAP/Food Stamps, FDPIR or neither? CONTINUE ASKING ABOUT EACH MONTH.

MONTH	YEAR	SNAP	FDPIR	NEITHER
	2013			

[Objective 3.2]

E2.	<p>I see that you did not participate in either FDPIR or SNAP in &lt;MONTHS, YEARS&gt;? Can you tell me why? THIS MAY INVOLVE CONSECUTIVE OR NON-CONSECUTIVE MONTHS. ASK ABOUT ALL MONTHS AND LIST UNTIL ALL REASONS HAVE BEEN ACCOUNTED FOR.</p> <p>(RECORD VERBATIM AND CODE)</p> <p>_____</p> <p>_____</p> <p><b>SOURCE:</b> Project-developed question and response set. [Objective 3.2]</p>	<p><input type="checkbox"/> Was not eligible (income related reason)</p> <p><input type="checkbox"/> Did not apply in time</p> <p><input type="checkbox"/> Was receiving food benefits through another household</p> <p><input type="checkbox"/> Had other sources of food (personal, community)</p> <p><input type="checkbox"/> Did not live in the area</p> <p><input type="checkbox"/> Other (SPECIFY): _____</p>
E3.	<p>I see that you <b>changed from FDPIR to SNAP/Food Stamps</b> in &lt;MONTHS/YEARS&gt;. What was the reason/were the reasons for changing from FDPIR to SNAP?</p> <p>HAND RESPONDENT SHOWCARD X AND READ THE STATEMENTS ALOUD. MARK ALL THAT APPLY. CONTINUE GOING THROUGH THE LIST UNTIL ALL CHANGES HAVE BEEN ACCOUNTED FOR.</p> <p><b>A.</b> Because the size and income resources of my household changed so I was now eligible for SNAP <b>[change in eligibility]</b></p> <p><b>B.</b> Because I participate in the TANF program</p> <p><b>C.</b> Because I prefer having a greater variety of food choices or options <b>[greater food choices]</b></p> <p><b>D.</b> Because the food in the store/supermarket is better quality than the USDA Foods <b>[better food quality]</b></p> <p><b>E.</b> Because I have less time to prepare and cook food , don't know how to cook, don't like to cook or don't have the time to cook, needed greater flexibility and can buy convenience and prepared foods <b>[greater convenience in food preparation]</b></p> <p><b>F.</b> Because I needed to buy specific foods for household members (e.g., dietary restrictions) <b>[changes in household food/dietary needs]</b></p> <p><b>G.</b> In the summer I have more responsibility for feeding children not in school.</p> <p><b>H.</b> Because I have greater privacy obtaining food using the EBT card <b>[personal preference; privacy]</b></p> <p><b>I.</b> Because I can use the EBT card at a convenience store or gas station <b>[greater convenience]</b></p> <p><b>J.</b> Because the store/market is closer to where I live than the distribution site <b>[better access, more convenient]</b></p> <p><b>K.</b> Because I was going away for a period of time and would be able to use SNAP benefits anywhere <b>[greater convenience]</b></p> <p><b>L.</b> Because I think I can get more food on SNAP benefits than FDPIR</p> <p><b>M.</b> Because . . . [Respondent supplies reason] <b>[Other]</b></p> <p>[Objective 3.31]</p>	<p><b>SWITCH FDPIR to SNAP</b></p> <p><input type="checkbox"/> A</p> <p><input type="checkbox"/> B</p> <p><input type="checkbox"/> C</p> <p><input type="checkbox"/> D</p> <p><input type="checkbox"/> E</p> <p><input type="checkbox"/> F</p> <p><input type="checkbox"/> G</p> <p><input type="checkbox"/> H</p> <p><input type="checkbox"/> I</p> <p><input type="checkbox"/> J</p> <p><input type="checkbox"/> K</p> <p><input type="checkbox"/> L</p> <p><input type="checkbox"/> M</p>

	<p>I see that you <b>changed from SNAP/Food Stamps to FDPIR</b> in &lt;MONTHS/YEARS&gt;. What was the reason/were the reasons for changing from SNAP to FDPIR?</p> <p>HAND RESPONDENT SHOWCARD X AND READ THE STATEMENTS ALOUD. MARK ALL THAT APPLY. CONTINUE GOING THROUGH THE LIST UNTIL ALL CHANGES HAVE BEEN ACCOUNTED FOR.</p> <p><b>A.</b> Because it is easier to qualify for FDPIR [<b>lower income threshold</b>]  <b>B.</b> Because I receive a greater quantity of food through FDPIR [<b>increased food quantity</b>]  <b>C.</b> Because the quality of the USDA Foods is better [<b>better food quality</b>]  <b>D.</b> Because I wanted to stock up on canned and dried goods [<b>stocking up on food</b>]  <b>E.</b> Because I don't like the SNAP/food stamp certification process, because I don't like the way I am treated at the county office or similar problem. [<b>dissatisfaction with certification process</b>]  <b>F.</b> Because the county office is too far way and difficult to get to [<b>inconvenient location</b>]  <b>G.</b> Because the FDPIR pick-up/distribution site is closer than going to the store/market [<b>easier access</b>]  <b>H.</b> Because I don't know how to use/feel comfortable using an EBT card [<b>personal preference; discomfort with using EBT</b>]  <b>I.</b> Because I feel that people in the store/market look down on me when I use the EBT card [<b>perception of stigma</b>]  <b>J.</b> Because . . . [Respondent supplies reason] [<b>Other</b>]</p> <p><b>SOURCE:</b> Project-developed question and response set based on content analysis of 2009 Urban Institute site visit reports, review of Usher et al 1990, and comments during January 2012 USDA/FDPIR Tribal Consultations [Objective 3.3]</p>	<p><b>SWITCH SNAP to FDPIR</b></p> <p><input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D  <input type="checkbox"/> E  <input type="checkbox"/> F  <input type="checkbox"/> G  <input type="checkbox"/> H  <input type="checkbox"/> I  <input type="checkbox"/> J</p>
E4	<p>You said that your household received SNAP/Food Stamps during the last year. About how much was the amount received each month?</p>	<p>\$_____ Monthly</p>
E5	<p>Has any member of the household ever been disqualified from participation in the FDPIR program?</p> <p><b>IF YES:</b> Please explain:(<b>RECORD VERBATIM</b>)</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Don't Know  <input type="checkbox"/> Refused</p>



## Section F: Nutrition Education and Other Services

The next few questions ask about nutrition education and other health related services.

<b>F1</b>	<p>FDPIR offers nutrition education information and activities on-line and in person. Examples of these include distributing newsletters, factsheets, recipes, providing nutrition counseling, or holding cooking demonstrations and nutrition classes. Have you or anyone in your household used or taken part in any of these activities in the past year?</p> <p><b>F1a. IF NO:</b> Was this because they were not offered, no one was interested, considered to be not useful, no computer/internet access, timing not good, location inconvenient, no transportation or some other reason. (RECORD VERBATIM AND CODE)</p> <hr/> <hr/> <p><b>F1b. IF YES, HAND SHOWCARD TO R:</b> I am going to read you a list of items, please tell me if during the past year anyone in your household picked up any of the educational offerings or took part in any of the activities that included nutrition education . . . (READ EACH CATEGORY AND CHECK (✓) THE 'YES' CATEGORIES )</p> <p>IF CHECKED: Approximately how often?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Newsletters .....</li> <li><input type="checkbox"/> Factsheets .....</li> <li><input type="checkbox"/> Recipes/Cookbooks .....</li> <li><input type="checkbox"/> DVDs .....</li> <li><input type="checkbox"/> Calendars .....</li> <li><input type="checkbox"/> How to budget .....</li> <li><input type="checkbox"/> How to grocery shop .....</li> <li><input type="checkbox"/> Cooking demonstrations .....</li> <li><input type="checkbox"/> Baking demonstrations .....</li> <li><input type="checkbox"/> Demonstrations on how to preserve food .....</li> <li><input type="checkbox"/> Demonstrations on using traditional foods .....</li> <li><input type="checkbox"/> Tastings during FDP pick-up .....</li> <li><input type="checkbox"/> Nutrition classes .....</li> <li><input type="checkbox"/> Nutrition counseling .....</li> <li><input type="checkbox"/> 'Pot luck' or similar types of gatherings .....</li> <li><input type="checkbox"/> Kid nutrition .....</li> <li><input type="checkbox"/> Mothers' Groups .....</li> <li><input type="checkbox"/> Demonstrations on or participation in gardening .....</li> </ul> </div> <div style="width: 35%;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don't Know</li> <li><input type="checkbox"/> Refused</li> </ul>   <ul style="list-style-type: none"> <li><input type="checkbox"/> Not offered</li> <li><input type="checkbox"/> Not interested</li> <li><input type="checkbox"/> Not useful</li> <li><input type="checkbox"/> No computer/ internet access</li> <li><input type="checkbox"/> Timing not good</li> <li><input type="checkbox"/> Location inconvenient</li> <li><input type="checkbox"/> No transportation</li> <li><input type="checkbox"/> Other (SPECIFY): _____</li> <li><input type="checkbox"/> Don't Know</li> <li><input type="checkbox"/> Refused</li> </ul> </div> </div>
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	<b>FREQUENCY (PER YEAR)</b>
	_____ Times _____ Times _____ Times _____ Times _____ Times _____ Times _____ Times _____ Times _____ Times _____ Times _____ Times _____ Times _____ Times _____ Times _____ Times _____ Times _____ Times _____ Times _____ Times _____ Times

	<div data-bbox="573 212 1019 344"> <input type="checkbox"/> Gardening education .....  <input type="checkbox"/> Health/Nutrition fairs .....  <input type="checkbox"/> Other (SPECIFY): .....  <input type="checkbox"/> Other (SPECIFY): ..... </div> <div data-bbox="240 443 831 470"> <p><b>IF F1b RESPONSES ARE ALL NOT CHECKED SKIP TO F2.</b></p> </div> <div data-bbox="337 508 696 535"> <p><b>IF ANY CHECKED IN F1b ASK F1c.</b></p> </div> <div data-bbox="337 573 987 732"> <p><b>F1c.</b> You indicated someone in the household read or participated in the following FDPIR offerings &lt;MENTION ALL CHECKED FROM &gt;. Have any changes been made to the household cooking or eating practices as a result of these programs, activities, or information?</p> </div> <div data-bbox="337 768 930 827"> <p><b>F1d. IF YES:</b> What changes have been made? RECORD VERBATIM</p> <p>_____</p> <p>_____</p> </div> <div data-bbox="337 961 800 989"> <p><b>F1e. IF NO:</b> Why not? RECORD VERBATIM</p> <p>_____</p> <p>_____</p> </div> <div data-bbox="240 1123 948 1215"> <p><b>SOURCE:</b> Project-developed question and response set, based on content analysis of 2009 Urban Institute site visit reports.  [Objective 6.3]</p> </div>	<div data-bbox="1047 212 1175 369"> <p>____ Times</p> <p>____ Times</p> <p>____ Times</p> <p>____ Times</p> <p>____ Times</p> </div>
<p><b>F2</b></p>	<p>Other program services offered by FDPIR alone or in coordination with other programs are fitness and health classes, cooking classes, health fairs and the like. Have you or anyone in your household taken part in such activities?</p> <p><b>F2a. IF YES to F2:</b> Were there any changes in activity or health/fitness because of these services/activities?</p> <p><b>IF YES TO F2a1:</b> What were the changes?</p> <p>_____</p> <p>_____</p> <p><b>IF NO TO F2a2:</b> Why not?</p> <p>_____</p> <p>_____</p>	<div data-bbox="1047 1226 1289 1367"> <input type="checkbox"/> Yes (<b>ASK F2a</b>)  <input type="checkbox"/> No (<b>SKIP TO F3</b>)  <input type="checkbox"/> Don't Know  <input type="checkbox"/> Refused </div> <div data-bbox="1047 1442 1278 1581"> <input type="checkbox"/> Yes (<b>ASK F2a1</b>)  <input type="checkbox"/> No (<b>ASK F2a2</b>)  <input type="checkbox"/> Don't Know  <input type="checkbox"/> Refused </div>

	<p><b>F2b. IF YES to F2:</b> Were there any changes in diet and health because of these services/activities?</p> <p><b>IF YES TO F2b1:</b> What were the changes?</p> <hr/> <hr/> <p><b>IF NO TO F2b2:</b> Why not?</p> <hr/> <hr/> <p><b>F2c. IF YES to F2:</b> Were there any changes in food preparation because of these services/activities?</p> <p><b>IF YES TO F2c:</b> What were the changes?</p> <hr/> <hr/> <p><b>IF NO TO F2c:</b> Why not?</p> <hr/> <hr/> <p><b>SOURCE:</b> Project-developed question and response set. [Objective 6.2]</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>
<p><b>F3</b></p>	<p>Has FDPIR staff ever referred your household to other assistance services or programs like cash assistance or child support for example?</p> <p><b>F3a. If YES, which one(s)? CHECK ALL THAT APPLY. PROVIDE A CARD WITH THE LIST</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> <input type="checkbox"/> Head Start</p> <p><input type="checkbox"/> <input type="checkbox"/> Tribal TANF</p> <p><input type="checkbox"/> <input type="checkbox"/> Emergency Assistance</p> <p><input type="checkbox"/> <input type="checkbox"/> General Assistance</p> <p><input type="checkbox"/> <input type="checkbox"/> Elder Care</p> <p><input type="checkbox"/> <input type="checkbox"/> Subsidized Housing</p> <p><input type="checkbox"/> <input type="checkbox"/> Child Support</p> <p><input type="checkbox"/> <input type="checkbox"/> Indian Child Welfare</p> <p><input type="checkbox"/> <input type="checkbox"/> Vocational Education</p> <p><input type="checkbox"/> <input type="checkbox"/> Vocational Rehabilitation</p> <p><input type="checkbox"/> <input type="checkbox"/> Health &amp; Wellness</p> <p><input type="checkbox"/> <input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> <input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> <input type="checkbox"/> Substance Abuse</p> <p><input type="checkbox"/> <input type="checkbox"/> Other (SPECIFY):</p> <hr/>

	<p><b>F3b.</b> Are any of these programs or services provided in the same location as FDPIR?</p> <p><b>If YES, which one(s)?</b>  <b>CHECK ALL THAT APPLY</b></p> <p><b>SOURCE:</b> Project-developed question and response set.  [Objective 5.5]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused  <input type="checkbox"/> Head Start <input type="checkbox"/> <input type="checkbox"/> Tribal TANF <input type="checkbox"/> <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> <input type="checkbox"/> General Assistance <input type="checkbox"/> <input type="checkbox"/> Elder Care <input type="checkbox"/> <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> <input type="checkbox"/> Child Support <input type="checkbox"/> <input type="checkbox"/> Indian Child Welfare <input type="checkbox"/> <input type="checkbox"/> Vocational Education <input type="checkbox"/> <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> <input type="checkbox"/> Health & Wellness <input type="checkbox"/> <input type="checkbox"/> Mental Health <input type="checkbox"/> <input type="checkbox"/> Domestic Violence <input type="checkbox"/> <input type="checkbox"/> Substance Abuse <input type="checkbox"/> <input type="checkbox"/> Other (SPECIFY): <hr style="width: 100px; margin-left: 0;"/>
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## Section G: Satisfaction with FDPIR

We are now going to talk about your satisfaction with FDPIR.

<b>G1</b>	<p><b>HAND RESPONDENT SHOWCARD X</b></p> <p>What was your household's <b>most important</b> reason for seeking food assistance? (RECORD VERBATIM AND CODE ANSWER)</p> <hr/> <hr/> <p><b>SOURCE:</b> Project-developed question and response set.</p>	<ul style="list-style-type: none"> <li>a. Loss of job</li> <li>b. Loss of other source of income</li> <li>c. Household became eligible for FDPIR</li> <li>d. FDPIR was more convenient than other programs</li> <li>e. FDPIR changed its delivery options and it became easier for our household</li> <li>f. Loss of other benefits</li> <li>g. Established own household</li> <li>h. Other (SPECIFY)</li> </ul>
<b>G2</b>	<p><b>HAND RESPONDENT SHOWCARD X</b></p> <p>What was your household's <b>most important</b> reason for enrolling in FDPIR? (RECORD VERBATIM AND CODE ANSWER)</p> <hr/> <hr/> <p><b>SOURCE:</b> Project-developed question and response set.</p>	<ul style="list-style-type: none"> <li>a. Household became eligible for FDPIR</li> <li>b. FDPIR was more convenient than other programs</li> <li>c. FDPIR changed its delivery options and it became easier for our household</li> <li>d. Other (SPECIFY)</li> </ul>
<b>G3</b>	<p>FDPIR offers a variety of foods including vegetables, dry beans, juice, fruits, meats, ready to eat cereals, and miscellaneous items such as dry egg mix, cheese, crackers, noodles, peanut butter, milk and pasta to name a few.</p> <p><b>G3a.</b> In terms of <b>variety</b> how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?</p> <p><b>IF NOT SATISFIED:</b> Why are you not satisfied?</p> <hr/> <ul style="list-style-type: none"> <li>• <b>G3b.</b> In terms of <b>freshness</b> how satisfied are you? Very satisfied, somewhat satisfied, or not satisfied?</li> </ul> <p><b>IF NOT SATISFIED:</b> Why are you not satisfied?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Very satisfied</li> <li><input type="checkbox"/> Somewhat satisfied</li> <li><input type="checkbox"/> Neither satisfied or dissatisfied</li> <li><input type="checkbox"/> Somewhat dissatisfied</li> <li><input type="checkbox"/> Very dissatisfied</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Very satisfied</li> <li><input type="checkbox"/> Somewhat satisfied</li> <li><input type="checkbox"/> Neither satisfied or dissatisfied</li> <li><input type="checkbox"/> Somewhat dissatisfied</li> </ul>

	<hr/> <ul style="list-style-type: none"> <li>• <b>G3c.</b> In terms of <b>quality</b> how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?   <b>IF NOT SATISFIED:</b> Why are you not satisfied?  <hr/> </li> <li>• <b>G3d.</b> In terms of <b>nutritional value</b> how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?  <b>IF NOT SATISFIED:</b> Why are you not satisfied?  <hr/> </li> <li>• <b>G3e.</b> In terms of <b>taste appeal</b> (PROBE: salty, sweet, sour, old, stale, greasy) how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?   <b>IF NOT SATISFIED:</b> Why are you not satisfied?  <hr/> </li> <li>• <b>G3f.</b> In terms of <b>visual appeal of packaging and food</b> how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?   <b>IF NOT SATISFIED:</b> Why are you not satisfied?  <hr/> </li> <li>• <b>G3g.</b> What is your overall satisfaction with the FDPIR food package? What do you like most? What do you like least? What foods would you like to see added? Are any of these food considered cultural/traditional foods?   <b>IF NOT SATISFIED:</b> Why are you not satisfied?  <hr/> <hr/> </li> </ul> <p><b>SOURCE:</b> Project-developed question and response set. [Objective 9.1]</p>	<input type="checkbox"/> Very dissatisfied  <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied  <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied  <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied  <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied  <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied
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<b>G4</b>	<p>Generally, do you, and members of your household, feel that the FDPIR programs meets your food and nutrition needs?</p> <p><b>G4a IF YES:</b> Could you tell me more about how it has met your food and nutrition needs? (RECORD VERBATIM)</p> <hr/> <hr/> <p><b>G4b IF NO:</b> Could you tell me more how the program has not met your food and nutrition needs? (RECORD VERBATIM)</p> <hr/> <hr/> <p><b>SOURCE:</b> Project-developed question and response set. [Objective 9.1]</p>	<input type="checkbox"/> Yes ( <b>SKIP TO G4a</b> ) <input type="checkbox"/> No ( <b>SKIP TO G4b</b> ) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>G5</b>	<p>Please tell me your overall satisfaction about the following aspects of your experiences with FDPIR. Are you very satisfied, somewhat satisfied or not satisfied with the following aspects of FDPIR:</p> <p><b>IF NOT SATISFIED ASK:</b> What is the reason you are/were not satisfied?</p> <p><b>G5a.</b> Application process</p> <p><b>G5b.</b> Recertification process</p> <p><b>G5c.</b> Location of distribution site</p> <p><b>G5d.</b> Attractiveness/atmosphere of distribution site</p>	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied  <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied  <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied  <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied

	<p><b>G5e.</b> Features of the distribution facility [PROBES: Sufficient parking, children's play area, help carrying FDPIR food package items to the car]</p> <p><b>G4f.</b> Frequency of distribution</p> <p><b>G4g.</b> Interaction with program staff</p> <p><b>G4h.</b> Nutrition Education offerings</p> <p><b>G4i.</b> Other program factors (SPECIFY) : _____</p> <p><b>SOURCE:</b> Project-developed question and response set. [Objective 9.1]</p>	<p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied</p>
<b>G6</b>	<p>Have there been any changes in FDPIR in the past three years that have influenced your participation in the program?</p> <p><b>G5a. IF YES:</b> What changes? (RECORD VERBATIM)</p> <hr/>	<p><input type="checkbox"/> Yes (<b>SKIP TO G5A</b>) <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>



	<p><b>G5b.</b> How did the changes influence your participation? <b>(RECORD VERBATIM.)</b></p> <hr/> <hr/> <hr/> <p><b>SOURCE:</b> Project-developed question and response set.</p>	
<b>G7</b>	<p>If you had the opportunity what would you tell the Federal Government about the FDPIR program? (RECORD VERBATIM – PROBE FOR COMPLETENESS)</p> <hr/> <hr/> <p><b>SOURCE:</b> Project-developed question and response set, based on Bell-Sheetter, 2004.</p>	<input type="checkbox"/> Nothing/No comment <input type="checkbox"/> Refused
<b>G8</b>	<p>If you had the opportunity what would you tell your tribal leaders about the FDPIR program? (RECORD VERBATIM – PROBE FOR COMPLETENESS)</p> <hr/> <hr/> <p><b>SOURCE:</b> Project-developed question and response set, based on Bell-Sheetter, 2004.</p>	<input type="checkbox"/> Nothing/No comment <input type="checkbox"/> Refused
<b>G9</b>	<p>Would you recommend the FDPIR program to other family and friends?</p> <p><b>G8a. IF NO:</b> Why not? (RECORD VERBATIM)</p> <hr/> <hr/> <hr/> <p><b>SOURCE:</b> Project-developed question and response set.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

## Section H: Ending the Interview

Those are all of the survey questions I have. Thank you so much for taking the time to speak with me. Do you have any questions about the survey or the experience?

<b>H1</b>	In appreciation for the time spent with me the project would like to give you \$25.00/gift card. HAVE RESPONDENT SIGN THE RECEIPT.	<input type="checkbox"/> \$25.00 <input type="checkbox"/> Gift Card
<b>H2</b>	<p>The office may want to call you to verify that the interview was conducted. What is the best phone number to reach you?</p> <p>H2a. What is the best time of day to reach you? Morning, afternoon or evening?</p>	<p>____ - ____ - ____</p> <p>1. AM 2. PM 3. Evening</p>
<b>H3</b>	<p>DATE OF INTERVIEW: ____/____/____</p> <p>INTERVIEWER NAME: _____</p> <p>ID NUMBER: _____</p> <p>IS THERE ANYTHING YOU WOULD LIKE TO SAY ABOUT THIS INTERVIEW?</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Time Ended: \_\_:\_\_\_\_